

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Peter F. King

Atty. Docket No.: UWP1P026/UP-1091

Application No.: 09/559,230

Examiner: ZAND, KAMBIZ

Filed: April 26, 2000

Group: 2132

Title: METHOD AND SYSTEM FOR
EXCHANGING SENSITIVE INFORMATION
IN A WIRELESS COMMUNICATION
SYSTEM

Confirmation No.: 1263

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AUG 05 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by
facsimile to fax number 571-273-8300 of the U.S. Patent and
Trademark Office on August 5, 2005.

Signed: _____

Susan W. Xu

AMENDMENT C

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 5, 2005, please amend the above-
identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on
page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

08/18/2005 KWATSON 00000003 500388 09559230

01 FC:1251 120.00 DA

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Serial No.: 09/559,230

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/559230

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	36 minus 20 =	16
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	Minus 36	= 4
Independent	7	Minus 7	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

1/3/05

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	Minus 40	= 0
Independent	8	Minus 7	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

8/5/05

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	Minus 40	= 0
Independent	6	Minus 8	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

OTHER THAN SMALL ENTITY

RATE	FEE
	690.00
X\$18=	288
X78=	312
+260=	
TOTAL	1290

SMALL ENTITY TYPE ☐

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$18=	72
X78=	
+260=	
TOTAL	72
ADDIT. FEE	

SMALL ENTITY TYPE ☐

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$18=	50
X78=	200
+260=	
TOTAL	250
ADDIT. FEE	

SMALL ENTITY TYPE ☐

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	